

Food Establishment Inspection Report						Page 1 of 2	
Establishment Name: <i>Western Correctional</i>	Address: 2 Miles N. Lobelogin Grants	City: <i>TM</i>	State: <i>NM</i>	Zip Code: <i>87020</i>	Phone:		
Permit #:	Email:	Est. Type: <b>I</b>			Risk Category: <b>2</b>		
 <b>As Governed by State Regulation 7.6.2 NMAC</b> <b>NMED Environmental Health Bureau</b> <b>121 Tijeras Ave. NE, Albuquerque NM 87102</b>		<input type="checkbox"/> Pre-Opening <input type="checkbox"/> Regular <input type="checkbox"/> Opening <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint Investigation <input type="checkbox"/> Closing CAR			<b>Permit Expiration Date:</b> <i>Oct 2017</i> <b>Time In:</b> <i>10:18</i> <b>Time Out:</b>		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/A, N/O, N/A) for each numbered item  
 IN=in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable

Compliance Status		cos	R
<b>Supervision</b>			
1 <input checked="" type="checkbox"/> IN OUT	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="checkbox"/> IN OUT <i>N/A</i>	Certified Food Protection Manager	<i>3/1/18</i>	<input checked="" type="checkbox"/>
3 <input checked="" type="checkbox"/> IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="checkbox"/> IN OUT	Proper use of restriction & exclusion		
5 <input checked="" type="checkbox"/> IN OUT	Procedures for responding to vomiting and diarrheal events		
<b>Employees</b>			
6 <input checked="" type="checkbox"/> IN OUT <i>N/A</i>	Food Handler Cards	<i>3/1/18</i>	
<b>Good Hygienic Practices</b>			
7 <input checked="" type="checkbox"/> IN OUT	Proper eating, tasting, drinking, or tobacco use		
8 <input checked="" type="checkbox"/> IN OUT	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>			
9 <input checked="" type="checkbox"/> IN OUT	N/O Hands clean & properly washed		
10 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed		
11 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks: supplied & accessible		
<b>Approved Source</b>			
12 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved source		
13 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Food received at proper temperature		
14 <input checked="" type="checkbox"/> IN OUT	Food in good condition, safe, & unadulterated		
15 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Required records available: shellstock tags, parasite destruction		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		cos	R
<b>Protection from Contamination</b>			
16 <input checked="" type="checkbox"/> IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		
17 <input checked="" type="checkbox"/> IN OUT <i>N/A</i>	Food-contact surfaces: cleaned & sanitized		<input checked="" type="checkbox"/>
18 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Food separated & protected		
<b>Time/Temperature Control for Safety</b>			
19 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Proper cooking time & temperatures		
20 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Proper reheating procedures for hot holding		<input checked="" type="checkbox"/>
21 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Proper cooling time & temperature		
22 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Proper hot holding temperatures		
23 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Proper cold holding temperatures		
24 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Proper date marking & disposition		
25 <input checked="" type="checkbox"/> IN OUT <i>N/A N/O</i>	Time as a Public Health Control: procedures & records		
<b>Consumer Advisory</b>			
26 <input checked="" type="checkbox"/> IN OUT <i>N/A</i>	Consumer advisory provided for raw/undercooked foods		
<b>Highly Susceptible Populations</b>			
27 <input checked="" type="checkbox"/> IN OUT <i>N/A</i>	Pasteurized foods used; prohibited foods not offered		
<b>Food/Color Additives and Toxic Substances</b>			
28 <input checked="" type="checkbox"/> IN OUT <i>N/A</i>	Food additives: approved & properly used		
29 <input checked="" type="checkbox"/> IN OUT <i>N/A</i>	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>			
30 <input checked="" type="checkbox"/> IN OUT <i>N/A</i>	Compliance with variance / specialized process / HACCP		

No. of Risk Factors / Intervention Violations	<i>42</i>
No. of Repeat Risk Factors / Intervention Violations	<i>0</i>

**GOOD RETAIL PRACTICES**

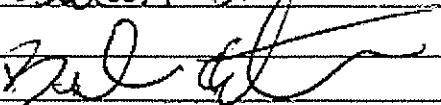
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R	
		COS=corrected on-site during inspection    R=repeat violation	
<b>Safe Food and Water</b>			
31	Pasteurized eggs used where required		
32	Water & Ice from approved source		
33	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
34	Proper cooling methods used; adequate equipment for temperature control		
35	Plant food properly cooked for hot holding		
36	Approved thawing methods used		
37	Thermometers provided & accurate		
<b>Food Identification</b>			
38	Food properly labeled: original container		
<b>Prevention of Food Contamination</b>			
39	Insects, rodents, & animals not present		
40	Contamination prevented during food preparation, storage & display		
41	Personal cleanliness		
42	Wiping cloths: properly used & stored		
43	Washing fruits & vegetables		
<b>Proper Use of Utensils</b>			
44	In-use utensils: properly stored		
45	Utensils, equipment & linens: properly stored, dried, & handled		
46	Single-use/single-service articles: properly stored & used		
47	Gloves used properly		
<b>Utensils, Equipment and Vending</b>			
48	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
49	Warewashing facilities: installed, maintained, & used; test strips		
50	Non-food contact surfaces clean		
<b>Physical Facilities</b>			
51	Hot & cold water available; adequate pressure		
52	Plumbing installed; proper backflow devices		
53	Sewage & waste water properly disposed		
54	Toilet facilities: properly constructed, supplied, & cleaned		
55	Garbage & refuse properly disposed; facilities maintained		
56	Physical facilities installed, maintained, & clean		
57	Adequate ventilation & lighting; designated areas used		

No. of Good Retail Practices Violations	<i>3</i>
No. of Repeat Good Retail Practices Violations	<i>0</i>

Follow-up:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Date:
Corrective Action Requested:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Date: <i>Exhibit J</i>

Person in Charge (Signature): *Beth*  
 Inspector (Signature): *Beth*  
 Date: *10 April 2017*

ZG00

Food Establishment Inspection Report					
 As Governed by State Regulation 7.8.2 NMAC NMED Environment Health Bureau 121 Tijeras Ave NE, Albuquerque NM 87102		Establishment Name: <b>Western Cocktails</b> <b>Fcy. 1A</b>		Permit #:	Date: <b>10 April 2017</b>
Address: <b>2 miles N Lobo Canyon Rd Grants</b>		City: <b>Grants</b>	State: <b>NM</b>	Zip Code: <b>87020</b>	Phone:
TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk in cooler #3	40°F				
Walk in cooler #2	35°F				
Walk in Freezer	-18°F				
Beans on Stove	104°F				
OBSERVATIONS AND CORRECTIVE ACTIONS					
Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.				
17	4-602.11 Spoon used for stirring beans on the counters located on site.				
20	3-403.11 Beans on Stove 104°F. Corrected on site.				
39	6-501.11 mice droppings present in facility only 2 traps available.				
50	4-602.13 blood on and milk on floor in Walk in cooler #2, plastic and debris on floor in dishware washing room. Rice under cooler in special diets room.				
56	① Double doors have a gap at the bottom that are possibly allowing mice into the facility ② Repair Walk in cooler #4 where mice have chewed through the insulation.				
Person in Charge (Signature)					
Inspector (Signature)					
			Date: <b>10 April 2017</b>		
ZG001094					